



Ames PTA

Request for Reimbursement or Vendor Payment

Dollar Amount: _____ Date: _____

Submitted by: _____

Payable to: _____

Expense Reason/Budget Category: _____

Return check to: _____

(If check is to be mailed, please include mailing address.)

Please attach all receipts and invoices.

When possible, please use the tax exempt letter to avoid paying tax unnecessarily.

Place in the PTA Treasurer Mail Box in the Ames Office.

For PTA Treasurer Use:

Check # _____ Date: _____

Approved by: _____
(Ames PTA Board Member)

Budget Area: _____